

MARYWOOD CONVALESCENT CENTER
1821 N 4TH AVE

WAUSAU 54401 Phone:(715) 675-9451
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 88
Total Licensed Bed Capacity (12/31/04): 90
Number of Residents on 12/31/04: 88

Ownership: Nonprofit Church/Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 85

| Services Provided to Non-Residents | | Age, Gender, and Primary Diagnosis of Residents (12/31/04) | | | | Length of Stay (12/31/04) | | % |
|------------------------------------|-----|--|-------|------------|-------|---------------------------------|--|-------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 37.5 |
| Supp. Home Care-Personal Care | No | ----- | ----- | ----- | ----- | 1 - 4 Years | | 51.1 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0.0 | Under 65 | 4.5 | More Than 4 Years | | 11.4 |
| Day Services | No | Mental Illness (Org./Psy) | 23.9 | 65 - 74 | 5.7 | | | ----- |
| Respite Care | Yes | Mental Illness (Other) | 1.1 | 75 - 84 | 33.0 | | | 100.0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 50.0 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 0.0 | 95 & Over | 6.8 | Full-Time Equivalent | | |
| Congregate Meals | No | Cancer | 2.3 | | ----- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | No | Fractures | 2.3 | | 100.0 | (12/31/04) | | |
| Other Meals | No | Cardiovascular | 36.4 | 65 & Over | 95.5 | ----- | | |
| Transportation | No | Cerebrovascular | 14.8 | | ----- | RNs | | 10.8 |
| Referral Service | No | Diabetes | 14.8 | Gender | % | LPNs | | 11.7 |
| Other Services | No | Respiratory | 4.5 | | ----- | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 0.0 | Male | 12.5 | Aides, & Orderlies | | |
| Mentally Ill | No | ----- | ----- | Female | 87.5 | | | |
| Provide Day Programming for | | | 100.0 | | ----- | | | |
| Developmentally Disabled | No | | | | 100.0 | | | |

Method of Reimbursement

| | | Medicare (Title 18) | | | Medicaid (Title 19) | | | Other | | | Private Pay | | | Family Care | | | Managed Care | | | | |
|----------------------|-----|------------------------|---------------------|-----|------------------------|---------------------|-----|-------|---------------------|-----|----------------|---------------------|-----|----------------|---------------------|-----|-----------------|---------------------|-------------------------|----------------|--|
| Level of Care | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | Total Resi- dents | % Of All | |
| Int. Skilled Care | 0 | 0.0 | 0 | 5 | 6.8 | 144 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 5 | 5.7 | |
| Skilled Care | 3 | 100.0 | 321 | 67 | 91.8 | 123 | 0 | 0.0 | 0 | 12 | 100.0 | 186 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 82 | 93.2 | |
| Intermediate | --- | --- | --- | 1 | 1.4 | 103 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 1 | 1.1 | |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | |
| Personal Care | --- | --- | --- | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | |
| Residential Care | --- | --- | --- | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | |
| Total | 3 | 100.0 | | 73 | 100.0 | | 0 | 0.0 | | 12 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 88 | 100.0 | |

| ***** Admissions, Discharges, and Deaths During Reporting Period | | | | | | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04 | | |
|--|------|--|----------------------------------|--|-------------|--|--|--|-----------|
| Percent Admissions from: | | | Activities of | | % Needing | | % Totally | | Total |
| | | | Daily Living (ADL) | | Independent | | One Or Two Staff | | Number of |
| | | | | | | | | | Residents |
| Private Home/No Home Health | 1.8 | | Bathing | | 4.5 | | 93.2 | | 88 |
| Private Home/With Home Health | 0.0 | | Dressing | | 6.8 | | 92.0 | | 88 |
| Other Nursing Homes | 4.2 | | Transferring | | 26.1 | | 56.8 | | 88 |
| Acute Care Hospitals | 92.8 | | Toilet Use | | 10.2 | | 79.5 | | 88 |
| Psych. Hosp.-MR/DD Facilities | 0.0 | | Eating | | 65.9 | | 23.9 | | 88 |
| Rehabilitation Hospitals | 0.0 | | | | | | | | |
| Other Locations | 1.2 | | | | | | | | |
| Total Number of Admissions | 166 | | Continence | | | | | | |
| Percent Discharges To: | | | Indwelling Or External Catheter | | 8.0 | | Receiving Respiratory Care | | 6.8 |
| Private Home/No Home Health | 23.0 | | Occ/Freq. Incontinent of Bladder | | 54.5 | | Receiving Tracheostomy Care | | 0.0 |
| Private Home/With Home Health | 6.7 | | Occ/Freq. Incontinent of Bowel | | 28.4 | | Receiving Suctioning | | 0.0 |
| Other Nursing Homes | 1.8 | | | | | | Receiving Ostomy Care | | 1.1 |
| Acute Care Hospitals | 50.3 | | Mobility | | | | Receiving Tube Feeding | | 1.1 |
| Psych. Hosp.-MR/DD Facilities | 0.0 | | Physically Restrained | | 1.1 | | Receiving Mechanically Altered Diets | | 38.6 |
| Rehabilitation Hospitals | 0.0 | | | | | | | | |
| Other Locations | 1.2 | | Skin Care | | | | Other Resident Characteristics | | |
| Deaths | 17.0 | | With Pressure Sores | | 5.7 | | Have Advance Directives | | 100.0 |
| Total Number of Discharges | | | With Rashes | | 14.8 | | Medications | | |
| (Including Deaths) | 165 | | | | | | Receiving Psychoactive Drugs | | 62.5 |

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

| ***** | | | | | | | | | |
|--|--|---------------|----------------------|-------|-----------------|-------|--------------------|-------|----------------|
| | | This Facility | Ownership: Nonprofit | | Bed Size: 50-99 | | Licensure: Skilled | | All Facilities |
| | | % | % | Ratio | % | Ratio | % | Ratio | % |
| Occupancy Rate: Average Daily Census/Licensed Beds | | 94.4 | 92.7 | 1.02 | 89.0 | 1.06 | 90.5 | 1.04 | 88.8 |
| Current Residents from In-County | | 90.9 | 84.6 | 1.07 | 81.8 | 1.11 | 82.4 | 1.10 | 77.4 |
| Admissions from In-County, Still Residing | | 18.7 | 20.5 | 0.91 | 19.0 | 0.98 | 20.0 | 0.93 | 19.4 |
| Admissions/Average Daily Census | | 195.3 | 153.0 | 1.28 | 161.4 | 1.21 | 156.2 | 1.25 | 146.5 |
| Discharges/Average Daily Census | | 194.1 | 153.6 | 1.26 | 163.4 | 1.19 | 158.4 | 1.23 | 148.0 |
| Discharges To Private Residence/Average Daily Census | | 57.6 | 74.7 | 0.77 | 78.6 | 0.73 | 72.4 | 0.80 | 66.9 |
| Residents Receiving Skilled Care | | 98.9 | 96.9 | 1.02 | 95.5 | 1.04 | 94.7 | 1.04 | 89.9 |
| Residents Aged 65 and Older | | 95.5 | 96.0 | 0.99 | 93.7 | 1.02 | 91.8 | 1.04 | 87.9 |
| Title 19 (Medicaid) Funded Residents | | 83.0 | 54.6 | 1.52 | 60.6 | 1.37 | 62.7 | 1.32 | 66.1 |
| Private Pay Funded Residents | | 13.6 | 32.6 | 0.42 | 26.1 | 0.52 | 23.3 | 0.59 | 20.6 |
| Developmentally Disabled Residents | | 0.0 | 0.5 | 0.00 | 1.0 | 0.00 | 1.1 | 0.00 | 6.0 |
| Mentally Ill Residents | | 25.0 | 37.4 | 0.67 | 34.4 | 0.73 | 37.3 | 0.67 | 33.6 |
| General Medical Service Residents | | 0.0 | 20.2 | 0.00 | 22.5 | 0.00 | 20.4 | 0.00 | 21.1 |
| Impaired ADL (Mean) | | 43.0 | 50.1 | 0.86 | 48.3 | 0.89 | 48.8 | 0.88 | 49.4 |
| Psychological Problems | | 62.5 | 58.4 | 1.07 | 60.5 | 1.03 | 59.4 | 1.05 | 57.7 |
| Nursing Care Required (Mean) | | 8.5 | 7.0 | 1.23 | 6.8 | 1.25 | 6.9 | 1.24 | 7.4 |